
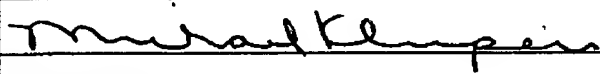


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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/545,991	RECEIVED CENTRAL FAX CENTER MAY 7 - 2007
	Filing Date	April 10, 2000	
	First Named Inventor	Freeman	
	Art Unit	3622	
	Examiner Name	Myhre, James	
Total Number of Pages in This Submission	2	Attorney Docket Number	70764.02

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks See attached Power of Attorney and Correspondence Address Indication Form to revoke all previous powers of attorney and appoint all powers to Customer Number 22509.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name			
Signature			
Printed name	Michael Klicpera		
Date	05/05/2007	Reg. No.	38044

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Michael Klicpera	Date	05/05/2007

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	09/645,891
Filing Date	April 10, 2000
First Named Inventor	Freeman
Title	Material and Supplies Ordering Sys
Art Unit	3822
Examiner Name	Myhre, James
Attorney Docket Number	70764.01

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioner associated with the Customer Number

OR

☐ Practitioner(s) named below:



PRIOR INVOICE #782

Name	Registration Number

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	02-07-07
Name	Antonio Angel Marcano	Telephone	951-236-3114
Title and Company	GENELLI CAPITAL TRUST		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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